

SUMMARY CHAPTER IV

PREVENTING INTENTIONAL INJURY: FROM BULLYING TO HOMICIDE

Youth violence is an ongoing national problem, and except for prominent media coverage of homicides, it is a problem that is largely hidden from public view.

TENNESSEE DATA



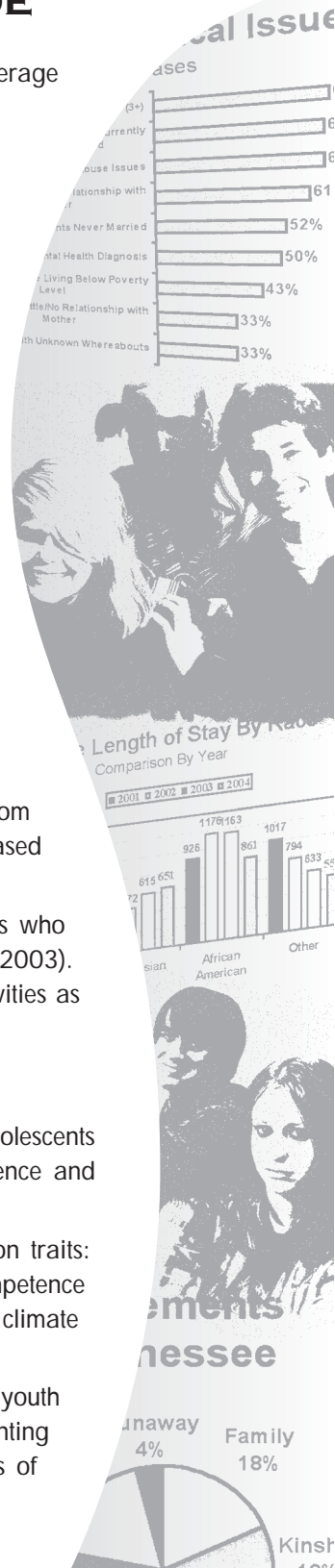
While overall rates have declined, homicide remains the second leading cause of death for Tennessee teens and young adults. Homicide deaths represent only a fraction of youth physical violence.

- Overall, homicide rates for youth ages 10-24 have declined from 13.9% in 1994 to 9.3% in 2003.
- African-American males ages 10-24 are 15 times more likely to die from homicide than white males.
- Homicide rates are significantly higher among the 20-24 age group (20.2 per 100,000) compared to the 15-19 age group (7.2 per 100,000) and the 10-14 age group (0.7 per 100,000).
- Homicide rates for African-American and white males have declined over the past decade while rates for females have remained steady. Rates for African-American teens have declined sharply since their peak in 1995 of 97.8 per 100,000 to 58.8 per 100,000 in 2003.
- There is a large gap between homicide rates for boys (62.6 per 100,000 in 2003) and girls (9.1 per 100,000 in 2003).
- Tennessee's rate of adolescent firearm deaths (any cause) has remained steady from 1999-2002 except among African-American males ages 20-24. Their rate increased from 102.05 per 100,000 in 1999 to 122.35 per 100,000 in 2002.
- Since 1993, a 70% decline has occurred in the percent of high school students who reported carrying weapons on school property (from 18.2% in 1993 to 5.4% in 2003). High school males (8.6%) were almost four times as likely to engage in such activities as females (2.7%).

BEST PRACTICES



- **Parents** – Parents are their children's first teachers. Raising young children to be adolescents who are able to resolve conflicts peacefully starts by talking to kids about violence and listening to them when disagreements arise.
- **School** – Successful violence prevention programs for teens have several common traits: define aggression broadly; promote a positive school climate; promote social competence through interaction, practice through role-playing and rehearsal; and insist on a climate that will not tolerate bullying, violence or aggression.
- **Sexual Violence** – Successful prevention strategies include prevention education for youth and parents; training for health care professionals and teachers; and implementing intensive programs for youth at higher risk for becoming victims or perpetrators of sexual violence.



2010 OBJECTIVES

Reduce Homicide Deaths

- BY 2010, reduce the homicide rate among adolescents ages 10-14 from a 2003 baseline rate of 0.7 per 100,000 to 0 per 100,000.
- By 2010, reduce the homicide rate among adolescents aged 15-19 from the 2003 baseline rate of 7.2 per 100,000 to 5.2 per 100,000.
- By 2010, reduce the homicide rate among young adults ages 20-24 from the 2003 baseline rate of 20.2 per 100,000 to 16 per 100,000.

Reduce Teen Violence

- By 2010, reduce the proportion of high school students who had been in a physical fight in the last 12 months from a 2003 baseline of 28.3% to 26%.
- By 2010, reduce the proportion of high school students who carried a weapon on school property in the last 30 days from a 2003 baseline of 5.4% to 4.9%.

Websites

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Academy of Pediatrics
www.aap.org

Bright Futures
www.brightfutures.org

Center for Adolescent Health and Development
www.allaboutkids.umn.edu/cfahad

Center for the Study and Prevention of Violence
www.colorado.edu/cspv

Children Now
www.childrennow.org

Children's Defense Fund
www.childrensdefense.org

Children's Safety Network, Economics and Insurance Resource Center
www.csneirc.org

Children's Safety Network:
www.childrenssafetynetwork.org

David and Lucile Packard Foundation
www.packard.org

Gay, Lesbian, and Straight Education Network
www.glsen.org

Healthy People 2010
www.healthypeople.gov

Henry J. Kaiser Family Foundation
www.kff.org

Human Rights Watch
www.hrw.org

Jacobs Institute of Women's Health
www.jiwh.org

Konopka Institute for Best Practices in Adolescent Health
www.allaboutkids.umn.edu/konopka

Minnesota Center Against Violence and Abuse
www.mincava.umn.edu

National Adolescent Health Information Center
<http://nahic.ucsf.edu/index.php/about/index/>

National Advisory Council on Violence Against Women
www.ojp.usdoj.gov/vawo

National Center for Injury Prevention and Control
www.cdc.gov/ncipc

National Clearinghouse on Child Abuse and Neglect
www.calib.com/nccanch

National Crime Prevention Council
www.ncpc.org

National Rape and Sexual Assault Prevention Project
www.acog.org

National Research Council
www.nas.edu/nrc

Prevent Child Abuse America
www.preventchildabuse.org

Talking with Kids About Tough Issues
www.talkingwithkids.org

PREVENTING INTENTIONAL INJURY: FROM BULLYING TO HOMICIDE

Chapter Preview

This chapter includes a description of:

- Bullying, assault, homicide and sexual violence issues
- Prevention pays
- Depression, suicide, and other mental health issues
- National and state data
- Health disparities data
- Risk and protective factors
- Best practices
- State violence prevention programs
- Healthy People 2010 goals

Violence is a learned behavior. Youth view and sometimes directly experience acts of violence whether through media via television programs, video games or movies or in their home, school and community. Exposure to bullying, assault, homicide, suicide, sexual violence and domestic abuse have become an all too familiar occurrence in the daily lives of Tennessee's young people.

Moments for Tennessee Children and Youth

- Every 4 days a child or youth in Tennessee is killed by gunfire.¹ (In 2002, among youth ages 10-24, there were 115 firearms deaths by homicide; 47 firearms deaths by suicide; 15 firearm deaths deemed accidental; and 4 undetermined firearm deaths).²
- Every 10 days a child or youth in Tennessee is murdered.³

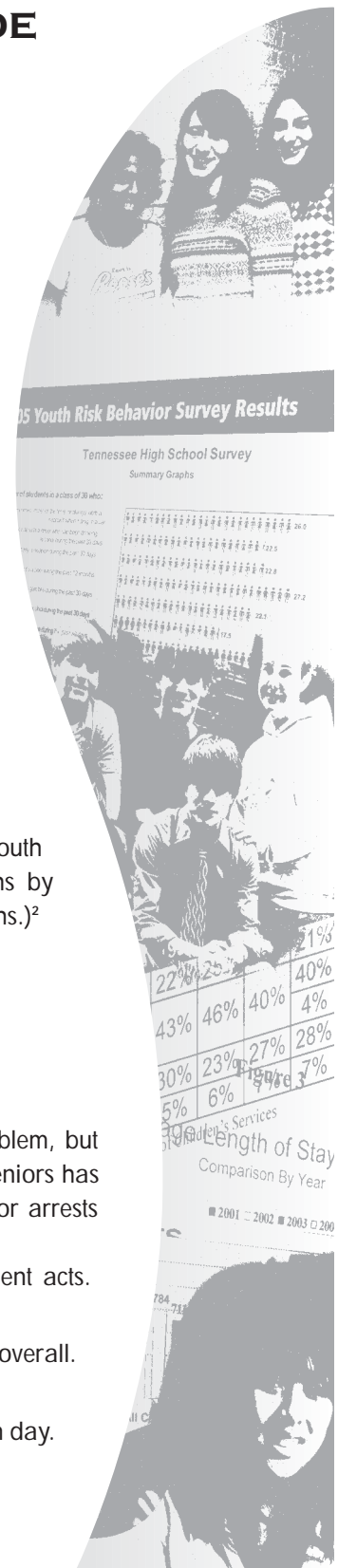
Source: Children's Defense Fund

NATIONAL DATA



According to the U.S. Surgeon General, youth violence is an ongoing national problem, but one that is largely hidden from public view. The number of violent acts by high school seniors has increased by almost 50 percent according to national statistics. A similar trend exists for arrests involving violent crimes perpetrated by youth.

- In 2002, more than 877,000 young people ages 10-24 were injured from violent acts. Approximately 1 in 13 required hospitalization.
- Homicide is the second leading cause of death among young people ages 10-24 overall. Homicide is the leading cause of death for African-Americans in this age group.
- In 2001, 5,486 young people ages 10-24 were murdered – an average of 15 each day. 85% were males and 15% were females.
- In 2001, 79% of homicide victims ages 10-24 were killed with firearms.⁴



PREVENTION PAYS



Youth violence is expensive. Researchers estimate that in Tennessee incurred costs of more than \$3 million per year are related to youth violence.⁵

How Does Youth Violence Start?

According to a national Attorney General Report, many answers to this question lie with parents and youth themselves. Children and youth who grow up with violence in the home are at greater risk for using violence to solve problems outside of the home. Bullying or other aggressive behavior begun in elementary school often escalates into violence in middle school or high school.⁶

HOMICIDE

NATIONAL DATA



Each year, more than 20,000 children and youth under age 20 are killed or injured by firearms in the United States. A majority of youth gun deaths are homicides. Suicides account for about one-third of all youth gun deaths, and unintentional shootings for about 7% of those deaths. Older teens, males, African-Americans and Hispanic youth, and young people living in urban areas are at particularly high risk for gun homicide; white adolescents, males, and youth living in rural areas are at the highest risk for gun suicide.⁷

TENNESSEE DATA



Healthy People 2010 Objective 15-32:

Reduce Homicides. Rate per 100,000

Tennessee	1994	1998	2003	2010 Goal
Ages 10-14	1.1	0.8	.07	
Ages 15-19	17.8	12.9	7.2	[1]
Ages 20-24	21.5	23.2	20.2	[1]
Ages 10-24	13.9	12.3	9.3	

[1] 2010 target not provided for adolescent/young adult age group

Source: Tennessee Department of Health, Office of Policy, Planning and Statistics, 2005

Healthy People 2010 Progress

Healthy People 2010 target goals have not been established for this age group. However, since homicide is the second leading cause of death among 15-24 year olds, efforts need to be made to address this important public health problem. Overall, the homicides rates for youth ages 10-24 have declined from 13.9% in 1994 to 9.3% in 2003.

HEALTH DISPARITIES

- African-American males ages 10-24 are 15 times more likely to die from homicide than white males.
- There is a large gap between homicide rates for boys (62.6 per 100,000 in 2003) and girls (9.1 per 100,000 in 2003).
- Homicide rates for African-American and white males have declined over the past decade while rates for females have remained steady. Rates for African-American teens have declined sharply since their peak in 1995 of 97.8 per 100,000 to 58.8 per 100,000 in 2003.

Homicide is the second leading cause of death for Tennessee youth ages 10-24. Adolescent homicide fatalities represent only a small part of youth physical violence. Injuries sustained from physical assaults, sexual violence and child abuse far outnumber actual homicide deaths.

Homicide rates for 2003 are significantly higher among the 20-24 age group (20.2 per 100,000) compared to the 15-19 age group (7.2 per 100,000) and the 10-14 age group (0.7 per 100,000).

Arrests for Homicide

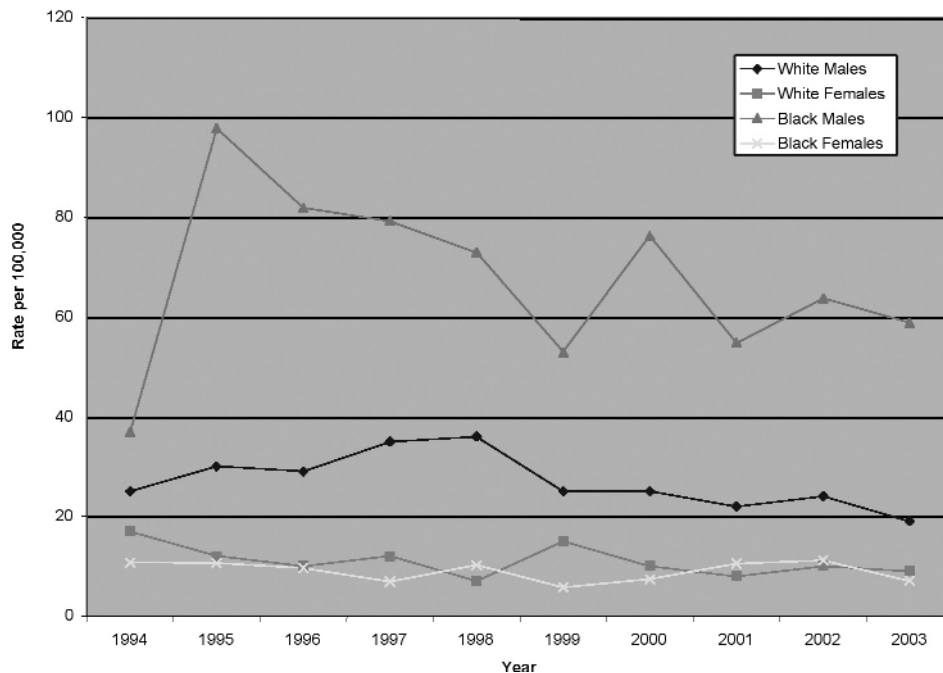
There were 142 arrests for homicide by Tennessee youth ages 18 to 24 in 2002. This comprises 40% of all homicide arrests in 2002. There were 18 arrests for homicide in youth under 18 in 2002.⁸

Risk and Protective Factors

During the last decade, research on adolescent risk behaviors has focused on risks and protective factors for youth violence and intentional injury. As with other risk behaviors, factors that make youth more vulnerable to violence are often interrelated and involve family, social/environmental and personal/psychological factors. (See Table 1) According to the U.S. Surgeon General, identifying and understanding how protective

FIGURE 1

**1994-2003 TENNESSEE, RESIDENT, AGES 10 TO 24,
HOMICIDES PER 100,00, BY RACE AND SEX**



Source: Tennessee Department of Health, Office of Policy, Planning and Statistics, 2005

factors operate is potentially as important to violence prevention and intervention efforts as research on risk factors. In his report on youth violence, the Surgeon General identified only two protective factors – “an intolerant attitude toward deviance” and commitment to school as having shown a significant, though small, protective effect on risk factors for youth violence.

- Adolescents whose attitudes are antithetical to violence are unlikely to become involved in activities that could lead to violence or to associate with peers who are delinquent or violent.
- Adolescents with a strong commitment to school are unlikely to engage in violence, “because it is incompatible with their orientation and because it would jeopardize their achievement in school and their standing with adults.” However, the Surgeon General cautioned that “schools with a culture of violence may be unable to exert their very important protective function.”

The Surgeon General’s report identified other potential protective factors – positive social orientation,

high IQ, positive relations with adults, friends as models for conventional behaviors and involvement in conventional activities. However, the research linked these variables with buffering youth antisocial behavior or serious delinquency, but not necessarily youth violence.⁹

BULLYING AND VIOLENT BEHAVIOR

Bullying

Bullying, ranging from verbal harassment and threats to physical intimidation and assault, is very common in schools. In a recent national survey of randomly selected teens, nearly half reported witnessing at least one bullying or taunting incident in school every day, and a majority of that group reported seeing several incidents a day. Nearly

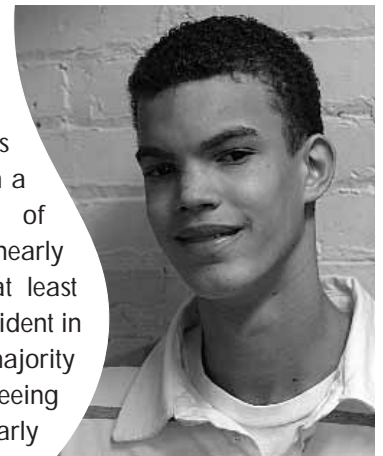


TABLE 1**RISK FACTORS FOR ADOLESCENT HOMICIDE****Family Factors**

- Firearm in the home
- Low income
- History of domestic violence
- Teenage parent
- Divorce

Personal Factors

- Male gender
- Alcohol/drug use
- Poor impulse control
- Previous gunshot injury
- Minority race

Social Factors

- Ethnic/linguistic heterogeneity
- Crowded housing
- Racial intolerance
- Lack of adult supervision
- Social acceptance of violence

Psychological Factors

- Depression
- Antisocial behavior
- Conduct disorder
- Aggression

Source: G McIntosh and M Moreno, "Fatal injuries in adolescents",
Wisconsin Medical Journal 99 (9): 34-38 (2000).

half of these teens reported knowing of a fellow student who they believed could cause harm to other students.¹⁰ Despite attempts to control bullying in schools, "some of the most serious behavior takes place under the radar screen of responsible adults." ¹¹

Adolescent students that are gay, lesbian, bisexual or transgender,¹² or simply struggling with puberty and questions of sexual identity,¹³ are vulnerable to being bullied at school.

TENNESSEE DATA

According to 2003 Tennessee Youth Risk Behavior Survey (TN YRBS) results, 6% of students reported that they had not gone to school at least one day during the past month because they felt unsafe at school or on their way to or from school. If you apply that percentage to the total number of high school students during 2003, that equates to approximately 16,300 students missing at least a day of school in the previous month.¹⁴

Physical Fighting Among High School Students**Healthy People 2010 Progress**

Tennessee high school students have experienced a 29% reduction in physical fighting from 1993 to 2003. Tennessee has met the Healthy People 2010 goal in this area. However, since homicide remains the second cause of death among youth ages 15-24, efforts need to be

Healthy People 2010 Objective 15-38:

**Reduce Physical Fighting Among
High School Students.**
(Percent of students who have been in a fight
in the last 12 months)

TN	1993	1999	2003	2010 Goal
	40%	30.6%	28.3%	32%

Source: Tennessee YRBS Survey, 1993, 1999, 2003

maintained to encourage further reduction in physical fighting.

HEALTH DISPARITIES

- Males (37%) were more likely than females (19.4%) to have been in a fight (2003 TN YRBS). Males were a little more than three times as likely to have been injured in a fight and need medical attention as females.
- African-American males (39.1%) were the most likely to have been in a fight compared to white males (36.5%), African-American females (25.9%) and white females (16.7%). White males (5.7%) are the most likely to have been injured in a fight,

as compared to African-American males (3.8%), white females (1.5%), and African-American females (0%).

The Tennessee YRBS measures the percentage of students who have been in a fight in the last twelve months.

- Since 1993, the percent of students who said they had been in a fight in the last 12 months has declined by 29%.

admissions for assault have increased from a low of 167 admissions in 2000 to a high of 230 admissions in 2003.

- There were almost four times as many homicides among the 20-24 age group compared to the 15-19 age group.
- Hospital admissions for assault were more than twice as frequent for the 20-24 age group compared to the 15-19 age group.¹⁶

The Role of Weapons

Firearms markedly elevate the severity of the health consequences of violent behavior, because they add immediacy of result and increase the magnitude of consequences. Why do youth carry guns? Studies have reported involvement in illegal activities, fear and self-defense. Other factors linked to youth weapon carrying include smoking, drug and alcohol use, poor academic performance, being male, living in a neighborhood where they have either come in personal contact with firearms or they have witnessed a shooting, and lack of confidence in staying out of fights.¹⁷ Also, researchers studying teen suicides report that males and females who perpetrated violence by using or threatening to use weapons were at highest risk for suicide.¹⁸



- Fighting behavior decreases slightly with increase in age and grade.
- According to the Tennessee Department of Education, during the 1999-2000 school year 36.4% of expulsions were due to fighting, violence, or battery of staff. This percentage translates into almost 800 students under the age of 18 and does not include expulsions due to the possession of firearms or other weapons.¹⁵

There are three times as many adolescent hospital admissions for violent assaults compared to the number of adolescent homicide victims.

- In 2003 there were 112 homicide deaths for ages 10-24 compared to 354 in-patient hospital admissions for assault.
- For young people ages 15-19, there has been a steady decrease from 1997 to 2003 in the number of homicides and hospital admissions for assault. However, for young adults ages 20-24, hospital

TENNESSEE DATA



Tennessee's rate of adolescent firearm deaths (any cause) has remained steady from 1999-2002 except among African-American males ages 20-24. Their rate increased from 102.1 per 100,000 in 1999 to 122.4 per 100,000 in 2002. As with homicides, rates of firearm death for Tennessee adolescents differ significantly by age, gender and race/ethnicity.

- The rates change markedly from the 10-14 age group (1.96 per 100,000) to the 15-19 age group (16.53 per 100,000) to the 20-24 age group (26.79 per 100,000).
- Males (25.9 per 100,000) are far more likely to die from firearms than females (15 per 100,000).
- African-American males (73.18 per 100,000) have a significantly higher rate of death by firearms than white males (17.81 per 100,000).¹⁹

Weapon Carrying on School Property

Healthy People 2010 Objective 15-39:

Reduce Weapon Carrying by High School Students on School Property.

TN	1993	1999	2003	2010 Goal
% of Students	18.2%	8.1%	5.4%	4.9%

Source: Tennessee YRBS Survey, 1993, 1999, 2003

Healthy People 2010 Progress

Tennessee high school students have experienced a 70% decline in carrying weapons on school property from 1993-2003. Although Tennessee is close to meeting the Healthy People 2010 goal, efforts need to be made to ensure that the decline in rates continue.

HEALTH DISPARITIES

- Males (8.6%) are four times as likely to carry weapons on school property compared to females (2.7%).
- Many more white males (10.2%) report carrying a weapon on school property compared to African-American males (2.3%).

Although the 2003 Tennessee Youth Risk Behavior Survey indicates a significant decline between 1993 and 2003 in the number of high school students carrying weapons on school property, 5.3% of students still report carrying weapons on school property.

- Possession of a weapon on school property increases as youth age and as youth advance in grade levels.

Weapons Law Violations

In 2002 there were 526 arrests for youth 18 and younger for weapon law violations. Weapon law violations dramatically rose for 18-24 year olds, to 1,039. Of the total number of weapons violation arrests for the entire state, more than half of the offenders were under the age of 24.²⁰

Even though all Tennessee school districts prohibit students from possessing and using a weapon in the school building or on school grounds, during the 2000-2001 school year there were 101 students suspended, 33 students expelled and 82 students remanded for

possession/use of firearms. The number of school suspensions and expulsions for possession/ use of firearms has declined significantly from the 1994-95 school year to the 2000-2001 school year. The number of remands for possession of firearms increased from 25 incidents in the 1998-1999 school year to 82 incidents in 2000-20001 school year.²¹

SEXUAL VIOLENCE

Sexual violence includes abuse by parents or relatives, acquaintances, dates and strangers, as well as sexual exploitation.²² It covers a wide array of behaviors and may or may not include force.

The Tennessee YRBS measures how frequently high school students have ever been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the last year. Ten percent of high school students reported partner abuse. This is slightly higher than the national experience, which reports partner abuse among adolescents at 9%. There is little variance among gender. However, age and gender played a prominent role as an indicator. Male students in the twelfth grade were more likely to experience partner abuse (15%) as male students in the ninth grade (8.1%). Victimization of partner violence among teens is higher in African-American teens, (11.1%) than in white teens (9.2%).

Also, 7.5% of students reported having been physically forced to have sex compared to 9% nationally. Girls were much more likely to report forced sex (11.9%) than were boys (3.1%). Of women who reported being raped at some time during their lives, nearly 54 percent were first raped before age 18, and 22 percent before age 12.²³





Date Rape and Dating Violence

Conditions that increase vulnerability to date rape include younger age at first date, early sexual activity, earlier age of menarche (first menstrual period), a past history of sexual abuse or prior sexual victimization and being more accepting of “rape myths” (e.g., “I must have been asking for it”).²⁴

Adolescent male perpetrators of dating violence and other violent juvenile offenders share a similar profile. They are more likely to have experienced child abuse or neglect and more likely to have used alcohol or drugs than boys who do not abuse their dates. They may also have sexual attitudes that support male domination over females.²⁵

Multiple risk behaviors, such as use of alcohol or illicit drugs such as Rohypnol (also known as “the date-rape drug” or flunitrazepam), also increase vulnerability for date rape or sexual violence for both perpetrator and victim alike. Ingestion of alcohol and/or other drugs can impair social and physical abilities and may result in:

- Misinterpretation of behavior cues
- Diminished coping responses
- Inability to ward off a potential attack.²⁶

Sexual violence has been associated with numerous health and behavioral issues for adolescents:

- Emotional and behavioral problems ranging from withdrawal, fearfulness and anxiety; sleep disturbances; eating disorders; post-traumatic stress disorders; and suicide attempts
- Chronic problems with trust in personal relationships.

- Younger age of first voluntary sexual activity, increased chance of victimization by older partners and increased risk of sexually transmitted infections.
- Alcohol and drug use.
- Negative impact on cognitive skills, leading to poor academic performance and loss of interest in school.

Often when an adolescent who has been the victim of sexual violence exhibits these behaviors, parent or educators may not make the connection.²⁷

VIOLENCE AGAINST YOUTH

There are many tragic effects of abuse and neglect perpetrated against children/youth. Innumerable scientific studies have documented the link between the abuse and neglect of children/youth and a wide range of medical, emotional, psychological and behavioral disorders. Abused and neglected children/youth are more likely to suffer from depression, alcoholism, drug abuse and severe obesity. The victims are also more likely to require special education in school and to become juvenile delinquents and adult criminals.²⁸

According to Tennessee Department of Children’s Services 2002 data, there were 3,097 cases of substantiated child abuse and/or neglect among youth ages 10-18. This represents 36% of the total child abuse/neglect cases for all children ages 18 and under. Females (64%) were almost twice as likely to be victims of child abuse/neglect as males (36%).²⁹

The breakdown by race of those children in the custody of the Tennessee Department of Children’s Services as of June 30, 2005, was: 62.4% white, 32.4% black, 2.5% multi-racial, 2.4% unable to determine with small percentages with the remaining population groups (See Table 2).

BEST PRACTICES FOR PREVENTION

Best practices are those strategies, activities or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying a risky/undesired health behavior or conversely, supporting and encouraging a healthy/desired behavior.

Prevention starts at home, follows youth to school and concerns the greater community. Youth have valuable insights to share on what would help stop the violence that young people experience today. According to

findings from a nationally representative study by the Families and Work Institute, young people say that teasing that goes beyond playful; cruel put downs and gossip; and rejections by peers are what trigger more extreme violence. Also, young people said that adults need to help students understand that we are all different and should be treated equally. Young people with better

- Talk about gangs and cliques
- Talk with other parents. Pay particular attention to boys. Ask the schools to get involved. Get additional support and information from professionals.

Source: Talking with Kids about Violence,
Talking with Kids about Tough Issues, www.talkingwithkids.org

TABLE 2

RACIAL DISTRIBUTION OF CURRENT DCS CUSTODY POPULATION, 6/30/05		
Race	Count	%
White	6253	62.4%
Black/African-American	3250	32.4%
Asian	16	0.2%
American Indian/Alaska Native	10	0.1%
Native Hawaiian/Other Pacific Islander	3	0.0%
Multi-Racial	248	2.5%
Unable To Determine	236	2.4%
Total	10,016	

Source: Tennessee Department of Children's Services

relationships with their parents and other caring adults are much less likely to experience violence.³⁰

Parents

Parents are their children's first teachers. Raising children to be adolescents who are confident in their ability to resolve conflicts peacefully starts by talking to youth about violence and listening to them.³¹

Tips for Talking With Youth About Violence

- Talk with your adolescent: start early, listen, and talk some more
- Monitor the media
- Acknowledge your children's fears and reassure them of their safety
- Take a stand – parents need to be clear and consistent about the values they want to instill
- Control your own behavior
- Set limits regarding children's actions toward others
- Hold family meetings to talk about complaints, share opinions and practice effective problem-solving and negotiation skills
- Convey strict rules about weapons

highlighted in Chapter 1, most successful programs targeted at adolescents have several characteristics in common. They include:

- Define aggression broadly
- Design interventions that are developmentally appropriate and that recognize and understand different types of aggression and adapt them to suit the needs of both boys and girls
- Promote a positive school climate
- Promote social competence and involve interaction, role-playing and rehearsal
- Conduct programs in naturalistic settings – aggression in a classroom may look very different on the playground
- Insist on a climate that will not tolerate bullying, violence or aggression.³³

Sexual Violence Prevention

Sexual violence prevention programs have traditionally focused on raising awareness of the issue, and self-protection for girls. Increasingly the focus is shifting toward addressing the cultural beliefs, gender role expectations and social norms that contribute to the problem.³⁴

School and Community Programs

There are many programs for violence prevention and too many variations of targets to definitively answer the question of "what works". What works will depend on a host of interactive variables such as the target population, the provider delivering the intervention, the intensity of the service, the behavior that is to be prevented or changed, the sustainability of the program, and youth involvement in planning (See Table 3).³² As

TABLE 3

VIOLENCE PREVENTION IN SCHOOLS: WHAT WORKS, WHAT DOESN'T, AND WHAT'S PROMISING AND/OR UNTESTED

What works?	What doesn't?	What's promising and/or untested?
<ul style="list-style-type: none"> • Problem-solving • Family behavior management • Family problem-solving • Decreasing gun access • Decreasing access to media violence • Student motivation 	<ul style="list-style-type: none"> • Scare tactics • Didactic programs • Programs focusing only on self-esteem • Segregating aggressive/antisocial students • Programs focusing only on anger management • Individual counseling/intensive casework 	<ul style="list-style-type: none"> • Peer mediation • Schools within schools • Mentoring • Social skills training • Improved classroom management techniques

Source: A. Smith, J. Kahn and I. Borowsky, *Best Practices in Reducing School Violence*, Center for Adolescent Health and Development, University of Minnesota (1999).

- Successful strategies for prevention of sexual violence include prevention education for youth and parents; school policy development; training for health care professionals, teachers, and others who work with youth; as well as implementing more intensive programs for youth who may be at higher risk for becoming victims or perpetrators of sexual violence.
- Promising approaches include peer education programs, healthy relationships skill building and bystander intervention programs.³⁵
- Garden-variety violence prevention strategies may not be appropriate for a teen who is abused by her parents, other family members or her partner.
- The teen's partner may be older and beyond the reach of the prevention program, especially if the program is school-based.
- A dating violence prevention program may not address the needs of abused teens. Teen pregnancy prevention programs may not incorporate violence prevention components.³⁶
- Other groups that may need targeted approaches include homeless youth; gay, lesbian, bisexual, and transgender youth; youth transitioning out of foster care; and youth of color.³⁷

Firearm Safety and Education

While there may be political disagreement about controlling firearms, health advocates are fairly

unanimous when it comes to methods for preventing firearm deaths among adolescents: keep guns out of the hands of adolescents at risk, and educate, educate, educate.^{38, 39}

Prevention efforts must take into account the availability of firearms for youth who may be at risk because of alcohol or drug use, suicidal talk or behavior or mental health concerns (e.g., anger or depression).⁴⁰ Parents need education about mental health, especially warning signs for depression and suicide in youth and the danger to teens of accessibility to firearms.⁴¹

TENNESSEE VIOLENCE PREVENTION RESOURCES

Tennessee Violence/Sexual Assault Prevention Program

Tennessee Department of Health's Sexual Assault Prevention Program seeks to reduce the incidence of rape and attempted rape through education of the public, training for law enforcement agencies and hospitals, and direct services to victims and their support systems. Currently, this program provides funds to seven rape crisis centers which are designed to reduce the rate of rape and attempted rape in Tennessee by improving community awareness and education on the prevention of sexual assault and abuse. Training for professionals, court advocacy, accompaniment to medical exams, and face to face counseling are provided by staff. Each center has a 24-hour crisis hotline to provide crisis counseling. Support is also provided to the families and significant others of victims.

Also, this program provides education to middle and high school youth through the local health departments across the state. The seven rape crisis centers provide training for professionals and community education. A resource center was established to provide educational materials and information and facts about sexual assault and ways to prevent rape to the general public.

Tennessee School Safety and Learning Support Programs

The Tennessee Department of Education's School Safety and Learning Support Programs assist Tennessee schools in their efforts to provide a safe and supportive learning environment for all students. A particular focus is placed upon fostering partnerships between schools and the communities they serve. Specific program areas include:

- Title IV-A Safe and Drug-Free Schools and Communities Program provides federal funding to Tennessee school systems and other eligible entities.
- **The Safe Schools Act of 1998** provides state grant funds to Tennessee school systems to enhance school security and reduce youth violence.
- **The 21st Century Community Learning Centers Program** provides federal funding to schools and communities to support the development of extended learning opportunities for students who attend high-poverty schools and their families.
- **The Tennessee School Safety Center** provides training and technical assistance to educators and others on a wide range of school safety and youth violence prevention issues. More than 2500 persons participated in Center-sponsored training events during the 2001-02 school year.

- **The Tennessee Character Education Partnership** supports the development of effective character education in Tennessee schools. Program staff is involved in data collection and dissemination related to school safety and student discipline including topics such as zero tolerance and conflict resolution.

End Notes

1. Children's Defense Fund, *Children in the States* (published annually).
2. National Center for Injury Prevention and Control, WISQAR data system)
3. Source: *Children in the States*, Children's Defense Fund (published annually, accessed from website on 8/04)
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